

**State of Montana  
Department of Transportation  
Acceptance Test Report**

**A. General Information**

**Project Name:**  
**Controlling Agency:**  
**Prepared By:**

**Date:**  
**Modification Date:**  
**Authorized By:**

**B. Test Analysis**

*Attach any relevant documentation*

**C. Engineering Recommendation**

*Check one.*

- ☐ Full acceptance
- ☐ Full acceptance with conditions
- ☐ Partial acceptance
- ☐ Rejected

**D. Conditions**

**a. Expected Feature Conditions**

**b. New Feature Conditions**

**c. Time Conditions**

**d. Other Conditions**

**E. Change Requests**

*Attach change requests as required.*